

**Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
for Fiscal Year Ending Dates in 2004, 2005, or 2006**

▶ Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

**RETURN
TO****Federal Audit Clearinghouse
1201 E. 10th Street
Jeffersonville, IN 47132****PART I****GENERAL INFORMATION (To be completed by auditee, except for Item 7)**

1. Fiscal period ending date for this submission Month / Day / Year Fiscal Period End Dates Must Be In 2004, 2005, or 2006		2. Type of Circular A-133 audit 1 <input type="checkbox"/> Single audit 2 <input type="checkbox"/> Program-specific audit	
3. Audit period covered 1 <input type="checkbox"/> Annual 2 <input type="checkbox"/> Biennial 3 <input type="checkbox"/> Other – Months		FEDERAL GOVERNMENT USE ONLY	
4. Date received by Federal clearinghouse			
5. Auditee Identification Numbers			
a. Employer Identification Number (EIN) <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		b. Are multiple EINs covered in this report? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
d. Data Universal Numbering System (DUNS) Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		c. If Part I, Item 5b = "Yes," complete Part I, Item 5c on the continuation sheet on Page 4	
		e. Are multiple DUNS covered in this report? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
		f. If Part I, Item 5e = "Yes," complete Part I, Item 5f on the continuation sheet on Page 4	

6. AUDITEE INFORMATION

a. Auditee name	
b. Auditee address (Number and street)	
City	
State	ZIP + 4 Code
c. Auditee contact	
Name	
Title	
d. Auditee contact telephone	
() –	
e. Auditee contact FAX	
() –	
f. Auditee contact E-mail	

g. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II, and III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Signature of certifying official

Date
Month / Day / Year

Printed Name/Title of certifying official

7. AUDITOR INFORMATION (To be completed by auditor)

a. Auditor name	
b. Auditor address (Number and street)	
City	
State	ZIP + 4 Code
c. Auditor contact	
Name	
Title	
d. Auditor contact telephone	
() –	
e. Auditor contact FAX	
() –	
f. Auditor contact E-mail	

9. AUDITOR STATEMENT – The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 7, 8, and 9, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and **is not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II and III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of auditor

Date
Month / Day / Year

PART II FINANCIAL STATEMENTS (To be completed by auditor)

1. Type of audit report

1 ☐ Unqualified opinion 2 ☐ Qualified opinion 3 ☐ Adverse opinion 4 ☐ Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report?

1 ☐ Yes 2 ☐ No

3. Is a reportable condition disclosed?

1 ☐ Yes 2 ☐ No – SKIP to Item 5

4. Is any reportable condition reported as a material weakness?

1 ☐ Yes 2 ☐ No

5. Is a material noncompliance disclosed?

1 ☐ Yes 2 ☐ No

PART III FEDERAL PROGRAMS (To be completed by auditor)

1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending greater than \$500,000 in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA SOP 98-3 chapter 10)

1 ☐ Yes 2 ☐ No

2. What is the dollar threshold to distinguish Type A and Type B programs? (\$ ____ .520(b))

\$

3. Did the auditee qualify as a low-risk auditee? (\$ ____ .530)

1 ☐ Yes 2 ☐ No

4. Is a reportable condition disclosed for any major program? (\$ ____ .510(a)(1))

1 ☐ Yes 2 ☐ No – SKIP to Item 6

5. Is any reportable condition reported as a material weakness? (\$ ____ .510(a)(1))

1 ☐ Yes 2 ☐ No

6. Are any known questioned costs reported? (\$ ____ .510(a)(3) or (4))

1 ☐ Yes 2 ☐ No

7. Were Prior Audit Findings related to **direct** funding shown in the Summary Schedule of Prior Audit Findings? (\$ ____ .315(b))

1 ☐ Yes 2 ☐ No

8. Indicate which **Federal** agency(ies) have current year audit findings related to **direct** funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to **direct** funding. (Mark (X) all that apply or None)

02 ☐ U.S. Agency for International Development

10 ☐ Agriculture

23 ☐ Appalachian Regional Commission

11 ☐ Commerce

94 ☐ Corporation for National and Community Service

12 ☐ Defense

84 ☐ Education

81 ☐ Energy

66 ☐ Environmental Protection Agency

83 ☐ Federal Emergency Management Agency

39 ☐ General Services Administration

93 ☐ Health and Human Services

97 ☐ Homeland Security

14 ☐ Housing and Urban Development

03 ☐ Institute of Museum and Library Services

15 ☐ Interior

16 ☐ Justice

17 ☐ Labor

09 ☐ Legal Services Corporation

43 ☐ National Aeronautics and Space Administration

89 ☐ National Archives and Records Administration

05 ☐ National Endowment for the Arts

06 ☐ National Endowment for the Humanities

47 ☐ National Science Foundation

07 ☐ Office of National Drug Control Policy

59 ☐ Small Business Administration

96 ☐ Social Security Administration

19 ☐ U.S. Department of State

20 ☐ Transportation

21 ☐ Treasury

82 ☐ United States Information Agency

64 ☐ Veterans Affairs

00 ☐ None

☐ Other – Specify:

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives ☒
- and, if not marked above, the Federal cognizant agency ☐

Count total number of boxes marked above and submit this number of reporting packages

PART III FEDERAL PROGRAMS - Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR				10. AUDIT FINDINGS					
CFDA Number (a)		Research and development (b)	Name of Federal program (c)	Amount expended (d)	Direct award (e)	Major program (f)		Type(s) of compliance requirement(s) 4 (a)	Audit finding reference number(s) 5 (b)
Federal Agency Prefix 1	Extension 2					Major program	Opinion 3		
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
-	-	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		\$	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
TOTAL FEDERAL AWARDS EXPENDED				\$					

1 See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.
2 Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. (See Instructions)
3 If major program is "Yes," enter one letter corresponding to the auditor's opinion (U=Unqualified, Q= Qualified, A= Adverse, D= Disclaimer). If major program is "No," leave blank.
4 Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § .510(a)) reported for each Federal program.
5 N/A for NONE

A. Activities allowed or unallowed	E. Eligibility	I. Procurement and suspension and debarment	L. Reporting
B. Allowable costs/cost principles	F. Equipment and real property management	J. Program income	M. Subrecipient monitoring
C. Cash management	G. Matching, level of effort, earmarking	K. Real property acquisition and relocation assistance	N. Special tests and provisions
D. Davis - Bacon Act	H. Period of availability of Federal funds		O. None
			P. Other

PART I

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

f. List the multiple DUNS covered in the report.

[illegible]

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.